

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93693

Entity Name: CHERYL DANBOISE, INC.

FILED
Mar 10, 2008
Secretary of State

Current Principal Place of Business:

11008 WINDCHIME CIRCLE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

11008 WINDCHIME CIRCLE
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 59-2655458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, LILLIAN
11008 WINDCHIME CIRCLE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOUGLAS, LILLIAN
Address: 11008 WINDCHIME CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

Title: VPD () Delete
Name: DOUGLAS, STEVEN,
Address: 6420 MATCHETT RD
City-St-Zip: ORLANDO, FL 32809 US

Title: T () Delete
Name: DOUGLAS, LILLIAN,
Address: 11008 WINDCHIME CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

Title: SD () Delete
Name: LAWRENCE HOLECEK,
Address: 6234 MOORE STREET
City-St-Zip: ORLANDO, FL 328085 US

Title: D () Delete
Name: DANBOISE, CHERYL
Address: 1922 WINDWILLOW RD
City-St-Zip: ORLANDO, FL 32809 US

Title: D () Delete
Name: DANBOISE, THOMAS
Address: 1928 WINDWILLOW RD
City-St-Zip: ORLANDO, FL 32809 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN DOUGLAS

PD

03/10/2008

Electronic Signature of Signing Officer or Director

Date